

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42926**  
**10775**  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Louis City Hospital #1.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>3813 A. Sherman Place</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>Joetta</b> c. (Last) <b>THURBER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>December 16th, 1950</b>			
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>June 8, 1930</b>		<b>9. AGE</b> (In years last birthday) <b>20</b>		<b>10. MONTHS</b> _____ <b>DAYS</b> _____ <b>HOURS</b> _____ <b>MIN.</b> _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>					
<b>13a. FATHER'S NAME</b> <b>Joseph W. King</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Wilma Ross</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frank Thurber</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Frank J. Thurber</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>17. ADDRESS</b> <b>3813 A Sherman Pl</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Lymphosarcoma of rt. kidney</b> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 mo.</b> <b>ANTECEDENT CAUSES</b> _____ <b>DUE TO (b)</b> _____ <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> _____ <b>DUE TO (c)</b> _____ <b>2. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Lymphosarcoma, inoperable</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>180X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>10/20/50</b> <b>10</b> <b>am</b> , <b>to</b> <b>12/16/50</b> , <b>19</b> , <b>that I last saw the deceased alive on</b> <b>12/16/50</b> , <b>19</b> , <b>and that death occurred at</b> <b>8:00</b> <b>am</b> , <b>from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>William W. Carter M.D.</b>		<b>23b. ADDRESS</b> <b>1515 Lafayette Ave.,</b>		<b>23c. DATE SIGNED</b> <b>12/16/50</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>12/19/50</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Missouri</b>					
<b>DATE REC'D BY LOCAL</b> <b>DEC 18 1950</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. B. Lanier</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Joe. J. Quinn</b>	
				<b>ADDRESS</b> <b>1389 Union Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUL 20 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 Mo*

Signed.....  
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.